

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Elaine Lim et al.  
Serial No.: Unknown Examiner: Unknown  
Filed: March 2, 2004 Group Art Unit: Unknown  
Docket: 1001.1766101 Customer No.: 28075  
For: OCCLUSION BALLOON CATHETER WITH LONGITUDINALLY  
EXPANDABLE BALLOON

***TRANSMITTAL SHEET***

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**CERTIFICATE UNDER 37 C.F.R. 1.10:** The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 315613215 US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 2nd day of March 2004.

By Kathleen L. Boekley  
Kathleen L. Boekley

We are transmitting herewith the attached Patent Application including the following:

- ☒ TWENTY-SIX (26) Sheet(s) of Specification
- ☒ FORTY-FOUR (44) Claim(s)
- ☒ ONE (1) sheet of Abstract
- ☒ FOUR (4) Sheet(s) of Formal Drawings
- ☒ Executed Declaration and Power of Attorney
- ☐ Small entity status under 37 C.F.R. §§ 1.9 and/or 1.27 is claimed
- ☒ An Assignment of the invention to SciMed Life Systems, Inc., is being filed contemporaneous with this patent application
- ☐ A certified copy of a \_\_\_\_\_ application, Serial No. \_\_\_\_\_, filed \_\_\_\_\_, the right of priority of which is claimed under 35 U.S.C. § 119.

| CLAIMS AS FILED                        |           |         |              |       |         |       |
|--|-----------|---------|--------------|-------|---------|-------|
|  | (1)       | (2)     | Small Entity |       | Other   |       |
| For:                                   | # Filed   | # Extra | Rate         | Fee   | Rate    | Fee   |
| Basic Fee                              | 1         | 0       |              | \$385 |         | \$770 |
| Total Claims                           | 44 - 20 = | 24      | X 9 =        | \$    | X 18 =  | \$432 |
| Independent Claims                     | 3 - 3 =   | 0       | X 43 =       | \$    | X 86 =  | \$0   |
| ( ) Multiple Dependent Claim Presented |           |         | + 145 =      | \$    | + 290 = | \$0   |
| TOTAL                                  |           |         | \$           |       | \$1,202 |       |

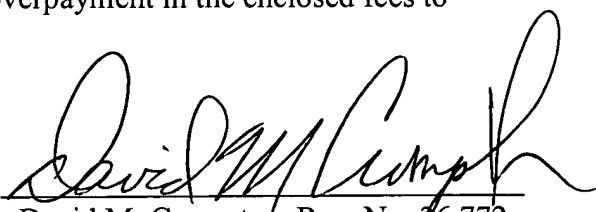
\*If the difference in Column (1) is less than zero, enter "0" in column 2.

[ ] Other \_\_\_\_\_.

[XX] A check in the amount of \$1,202.00 is enclosed.

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

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